

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



X3

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01158K
First Named Inventor	SAKSENA
COMPLETE IF KNOWN	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634		
Address			
Address			
City		State	ZIP
Country	Telephone	(908) 298-5068	Fax
			(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any)		Family Name or Surname	
ANIL K..		SAKSENA	

Inventor's Signature				Date	
----------------------	--	--	--	------	--

Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
-----------------	-----------------	-------	----	---------	--------	-------------	--------

Post Office Address	53 BEVERLY ROAD						
---------------------	-----------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
------	-----------------	-------	----	-----	-------	---------	--------

Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
VIYYOOR MOOPIL		GIRIJAVALLABHAN					
Inventor's Signature							Date
Residence: City	PARSIPPANY	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RAYMOND G.		LOVEY					
Inventor's Signature							Date
Residence: City	WEST CALDWELL	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 7

Name of Additional Joint Inventor, If any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

EDWIN

JAO

Inventor's Signature

Date

Residence: City

WARREN

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

20 CROSSWOOD WAY

Post Office Address

City

WARREN

State

NJ

ZIP

07059

Country

U.S.A.

Name of Additional Joint Inventor, If any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

FRANK

BENNETT

Inventor's Signature

Date

Residence: City

PISCATAWAY

State

NJ

Country

U.S.A.

Citizenship

U.K.

Post Office Address

419 DRACO ROAD

Post Office Address

City

PISCATAWAY

State

NJ

ZIP

08854

Country

U.S.A.

Name of Additional Joint Inventor, If any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

JINPING L.

MC CORMICK

Inventor's Signature

Date

Residence: City

EDISON

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

5 PACE DRIVE

Post Office Address

City

EDISON

State

NJ

ZIP

08820

Country

U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 7

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

HAIYAN

WANG

Inventor's Signature

Date

7/25/2001

Residence: City

CRANBURY

State

NJ

Country

U.S.A.

Citizenship

CHINA

Post Office Address

5 CUBBERLY COURT

Post Office Address

City

CRANBURY

State

NJ

ZIP

08512

Country

U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RUSSELL E.

PIKE

Inventor's Signature

Date

Residence: City

STANHOPE

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

R.D. #1, 31 FLORENCE STREET

Post Office Address

City

STANHOPE

State

NJ

ZIP

07874

Country

U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

YI-TSUNG

LIU

Inventor's Signature

Date

Residence: City

MORRIS TOWNSHIP

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

34 ALEXANDRIA ROAD

Post Office Address

MORRIS
TOWNSHIP

State

NJ

ZIP

07960

Country

U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 7

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

TIN-YAU

CHAN

Inventor's
Signature

Date

Residence: City

EDISON

State

NJ

Country

U.S.A.

HONG
KONG

Post Office Address

26 BARLOW ROAD

Post Office Address

City

EDISON

State

NJ

ZIP

08817

Country

U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ZHAONING

ZHU

Inventor's
Signature

Date

Residence: City

EAST WINDSOR

State

NJ

Country

U.S.A.

CHINA

Post Office Address

34 STONEHEDGE DRIVE

Post Office Address

City

EAST WINDSOR

State

NJ

ZIP

08520

Country

U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ASHOK

ARASAPPAN

Inventor's
Signature

Date

Residence: City

BRIDGEWATER

State

NJ

Country

U.S.A.

INDIA

Post Office Address

18 LARSEN COURT

Post Office Address

City

BRIDGEWATER

State

NJ

ZIP

08807

Country

U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

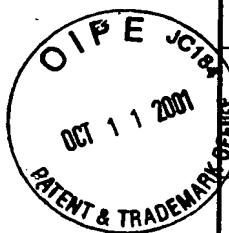
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 7

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.				CHEN			
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	44 GILL LANE, APT. 1 D						
Post Office Address							
City	EDISON	State	NJ	ZIP	08830	Country	U.S.A.
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SRINKANTH				VENKATRAMAN			
Inventor's Signature							Date
Residence: City	FORDS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	U.S.A.
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL				PAREKH			
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 6 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.				PINTO				
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	34 BATTLE RIDGE							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
BAMA				SANTHANAM				
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
F. GEORGE				NJOROGE				
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 7

Name of Additional Joint Inventor, If any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ASHIT K.

GANGULY

Inventor's
Signature

Date

Residence: City

UPPER MONTCLAIR

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

96 COOPER AVENUE

Post Office Address

City

UPPER MONTCLAIR

State

NJ

ZIP

U.S.A.

Country

U.S.A.

Name of Additional Joint Inventor, If any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, If any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

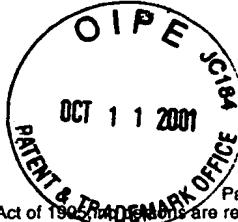
City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, inventors are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Page 8 of 8

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SCOTT JEFFREY			KEMP				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ODILE ESTHER			LEVY				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
MARGUERITA			LIM-WILBY				
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	USA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	LA JOLLA	State	CA	ZIP	92037	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 9

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SUSAN Y.			TAMURA				
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



43

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01158K
First Named Inventor	SAKSENA
COMPLETE IF KNOWN	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

EL403237571US

Date

July 19, 2001

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634		
------	---	--	--

Address			
---------	--	--	--

Address			
---------	--	--	--

City	State	ZIP
------	-------	-----

Country	Telephone	Fax
---------	-----------	-----

Country	Telephone	Fax
---------	-----------	-----

Country	Telephone	Fax
---------	-----------	-----

Country	Telephone	Fax
---------	-----------	-----

Country	Telephone	Fax
---------	-----------	-----

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
ANIL K..	SAKSENA

Inventor's Signature	Date
----------------------	------

Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
-----------------	-----------------	-------	----	---------	--------	-------------	--------

Post Office Address	53 BEVERLY ROAD
---------------------	-----------------

Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.

Additional inventors are being named on the 6 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

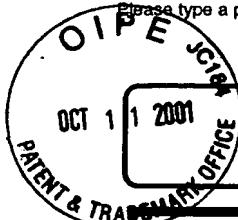
Page 1 of 5

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature							Date
Residence: City	PARSIPPANY	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
STEPHANE L.				BOGEN			
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature							Date
Residence: City	WEST CALDWELL	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

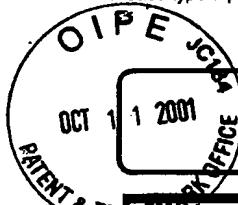
Please type a plus sign (+) inside this box →

OCT 11 2001

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
EDWIN		JAO					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	U.S.A.	Citizenship	U.K.
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

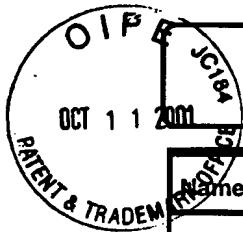
DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HAIYAN		WANG						
Inventor's Signature							Date	
Residence: City	CRANBURY	State	NJ	Country	U.S.A.	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RUSSELL E.		PIKE						
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	R.D. #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TIN-YAU		CHAN						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	U.S.A.	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	U.S.A.	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDgewater	State	NJ	Country	U.S.A.	Citizenship	INDIA	
Post Office Address	18 LARSEN COURT							
Post Office Address								
City	BRIDgewater	State	NJ	ZIP	08807	Country	U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature						Date	
Residence: City	ISELIN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	44 GILL LANE, APT. 1 D						
Post Office Address							
City	EDISON	State	NJ	ZIP	08830	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRINKANTH		VENKATRAMAN					
Inventor's Signature						Date	
Residence: City	FORDS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TEJAL		PAREKH					
Inventor's Signature	<i>Sparend</i>					Date	7/25/2001
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 7

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

PATRICK A.

PINTO

Inventor's
Signature

Date

Residence: City

MORRIS PLAINS

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

34 BATTLE RIDGE

Post Office Address

City

MORRIS PLAINS

State

NJ

ZIP

07950

Country

U.S.A.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

BAMA

SANTHANAM

Inventor's
Signature

Date

Residence: City

BRIDgewater

State

NJ

Country

U.S.A.

Citizenship

INDIA

Post Office Address

10 SOMERSET AVENUE

Post Office Address

City

BRIDgewater

State

NJ

ZIP

08807

Country

U.S.A.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

F. GEORGE

NJOROGE

Inventor's
Signature

Date

Residence: City

WARREN

State

NJ

Country

U.S.A.

Citizenship

KENYA

Post Office Address

11 SOFTWOOD WAY

Post Office Address

City

WARREN

State

NJ

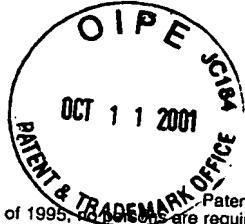
ZIP

07059

Country

U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 7 of 7

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ASHIT K.

GANGULY

Inventor's
Signature

Date

Residence: City

UPPER MONTCLAIR

State

NJ

Country

U.S.A.

Citizenship U.S.A.

Post Office Address

96 COOPER AVENUE

Post Office Address

City

UPPER MONTCLAIR

State

NJ

ZIP

U.S.A.

Country

U.S.A.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 8 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SCOTT JEFFREY		KEMP						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	USA	
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	LA JOLLA	State	CA	ZIP	92037	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>9</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SUSAN Y.			TAMURA				
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01158K
First Named Inventor	SAKSENA
COMPLETE IF KNOWN	
Application Number	/
Filing Date	July 19, 2001
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No. EL403237571US

Date July 19, 2001

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN			Reg. No. 34634
Address				
Address				
City		State		ZIP
Country	Telephone	(908) 298-5068		Fax (908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)			Family Name or Surname				
ANIL K..			SAKSENA				
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	U.S.A.
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>8</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
VIYYOOR MOOPIL		GIRIJAVALLABHAN					
Inventor's Signature							Date
Residence: City	PARSIPPANY	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	U.S.A.	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RAYMOND G.		LOVEY					
Inventor's Signature							Date
Residence: City	WEST CALDWELL	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	U.S.A.	Citizenship	U.K.	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
JINPING L.		MC CORMICK						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HAIYAN		WANG						
Inventor's Signature							Date	
Residence: City	CRANBURY	State	NJ	Country	U.S.A.	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	U.S.A	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RUSSELL E.		PIKE						
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	R.D. #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	U.S.A.	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	U.S.A.	Citizenship	CHNA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	18 LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 5 of 7

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	44 GILL LANE, APT. 1 D						
Post Office Address							
City	EDISON	State	NJ	ZIP	08830	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRINKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	FORDS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Post Office Address	6 TULIP DRIVE, #3H						
Post Office Address							
City	FORDS	State	NJ	ZIP	08863	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TEJAL		PAREKH					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	U.S.A.	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 7

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

PATRICK A.

PINTO

Inventor's Signature

Date

Residence: City MORRIS PLAINS State NJ Country U.S.A. Citizenship U.S.A.

Post Office Address 34 BATTLE RIDGE

Post Office Address

City MORRIS PLAINS State NJ ZIP 07950 Country U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

BAMA

SANTHANAM

Inventor's Signature *S. Bama*

Date

6/15/01

Residence: City BRIDGEWATER State NJ Country U.S.A. Citizenship INDIA

Post Office Address 10 SOMERSET AVENUE

Post Office Address

City BRIDGEWATER State NJ ZIP 08807 Country U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

F. GEORGE

NJOROGE

Inventor's Signature

Date

Residence: City WARREN State NJ Country U.S.A. Citizenship KENYA

Post Office Address 11 SOFTWOOD WAY

Post Office Address

City WARREN State NJ ZIP 07059 Country U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ASHIT K.

GANGULY

Inventor's Signature

Date

Residence: City

UPPER MONTCLAIR

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

96 COOPER AVENUE

Post Office Address

City

UPPER MONTCLAIR

State

NJ

ZIP

07043

Country

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

HENRY A.

VACCARO

Inventor's Signature

Date

Residence: City

SOUTH PLAINFIELD

State

NJ

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

123 SOMERSET AVENUE

Post Office Address

City

SOUTH PLAINFIELD

State

NJ

ZIP

07080

Country

U.S.A.

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 8 of 9**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

SCOTT JEFFREY

KEMP

Inventor's
Signature

Date

Residence: City

SAN DIEGO

State

CA

Country

USA

Citizenship

USA

Post Office Address

7873 AVENIDA NAVIDAD #263

Post Office Address

City

SAN DIEGO

State

CA

ZIP

92130

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

ODILE ESTHER

LEVY

Inventor's
Signature

Date

Residence: City

SAN DIEGO

State

CA

Country

USA

Citizenship

USA

Post Office Address

5304 RUETTE DE MER

Post Office Address

City

SAN DIEGO

State

CA

ZIP

92130

Country

USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

MARGUERITA

LIM-WILBY

Inventor's
Signature

Date

Residence: City

LA JOLLA

State

CA

Country

USA

Citizenship

USA

Post Office Address

6333 CASTENJON DRIVE

Post Office Address

City

LA JOLLA

State

CA

ZIP

92037

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 9

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SUSAN Y.			TAMURA				
Inventor's Signature						Date	
Residence: City	SANTA FE	State	NM	Country	USA	Citizenship	USA
Post Office Address	2213 CALLE CACIQUE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	87505	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.